

JOSEPH A. BLAKE

The discussion of whether there should be operation or treatment of ulcer medically always interests me. It brings out quite a bit of feeling. I came here tonight to hear Dr. Finney's ideas about the treatment of ulcer. I felt that there was doubt as to the proper treatment. I do not blame the medical men for the stand they take because, as Dr. Finney says, the surgeon has been apt to follow the procedure already arranged in his mind. That has been done with gastroenterostomy and that makes the medical man feel that the surgical treatment of ulcer is unsuccessful. I believe that gastroenterostomy is not the proper operation except under certain conditions. A man should approach an operation with an open mind, without making up his mind previously as to what he is going to do, and should operate on ulcer of the stomach according to the ulcer's character. In recent years I have excised all the ulcers I could and when near the pylorus have done some form of pyloroplasty. I felt that getting rid of the ulcer was the main thing. Whether the ulcer forms again is another matter. Many ulcers undoubtedly do recur; marginal ulcers produced by improper operations, and some others.

There are several things that occurred to me while listening to the discussion this evening. Dr. Bastedo said that the surgeon who has ulcer does not have operation. I wonder how many medical men with ulcer adhere consistently to medical treatment. Some of the medical men who are here to-night have gone to surgeons for treatment. I do not think the question can be cut and dried, but the point I want to make is that the operation hitherto done should not be considered a basis as to what is the best method of treating a given case.

I should like to express my admiration and appreciation of the papers. I have learned more from Dr. Finney's paper to-night than from any I have ever heard, and I have heard a great many.